



PTO/SB/11 (05-03)

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AF/37328

## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

		Application Number	09/641208
		Filing Date	August 18, 2000
		First Named Inventor	PHAN, LOC X.
		Art Unit	3732
		Examiner Name	N. Lucchesi
Total Number of Pages in This Submission	5	Attorney Docket Number	018563-002800US / AT-002800US

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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AUG 06 2003  
TECHNOLOGY CENTER R3700**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP James M. Heslin		Reg. No. 29,541
Signature			
Date	August 1, 2003		

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	JoAnn Evangelista		
Signature		Date	August 1, 2003

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Complete if Known

FEE TRANSMITTAL  
for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 320

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  MoneyOrder  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims

		Extra Claims	Fees from below	Fee Paid
Independent Claims				
Multiple Dependent				

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130	2051	65	Surcharge - late filing fee or oath	
	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130	1053	130	Non-English specification	
	1812	2,520	1812	2,520	For filing a request for reexamination	
	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	110	2251	55	Extension for reply within first month	
	1252	410	2252	205	Extension for reply within second month	
	1253	930	2253	465	Extension for reply within third month	
	1254	1,450	2254	725	Extension for reply within fourth month	
	1255	1,970	2255	985	Extension for reply within fifth month	
	1401	320	2401	160	Notice of Appeal	320
	1402	320	2402	160	Filing a brief in support of an appeal	
	1403	280	2403	140	Request for oral hearing	
	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	1452	110	2452	55	Petition to revive – unavoidable	
	1453	1,300	2453	650	Petition to revive – unintentional	
	1501	1,300	2501	650	Utility issue fee (or reissue)	
	1502	470	2502	235	Design issue fee	
	1503	630	2503	315	Plant issue fee	
	1460	130	1460	130	Petitions to the Commissioner	
	1807	50	1807	50	Petitions related to provisional applications	
	1806	180	1806	180	Submission of Information Disclosure Stmt	
	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
	1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	750	2801	375	Request for Continued Examination (RCE)	
	1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$320

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	James M. Heslin	Registration No. (Attorney/Agent)	29,541	Telephone	650-326-2400
Signature				Date	August 1, 2003

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